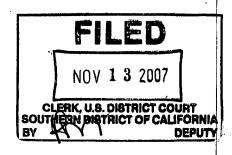
James H Cum	vinaham III		•
PLAINTIFF/PETITIONER/M	OVANT'S NAME	2254_	<u> </u>
PRISON NUMBER	C. 1. (1. cl. 1 - P. c	l	NG PEE PAID No
PLACE OF CONFINEMENT	Colony State Prison	360_7	No
P.O. Box BIOL (62) ADDRESS	1	COP	ESSENT TO
	Ca. 93409-8101	Coun	V_ 11036



United States District Court Southern District Of California

LIAMES LUNININGHUM	Civil No. U/GV 2183 UMS RBB
,	(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)
Plaintiff/Petitioner/Movant	
v.	MOTION AND DECLARATION UNDER
	PENALTY OF PERJURY IN SUPPORT
John Marshall (worden cyc.)	OF MOTION TO PROCEED IN FORMA
Defendant/Respondent	PAUPERIS
I, Lames H. Cuniningham	· · · · · · · · · · · · · · · · · · ·
declare that I am the Plaintiff/Petitioner/Movant in this of	
prepayment of fees or security under 28 U.S.C. § 1915, I	• • •
proceeding or give security because of my poverty, and	that I believe I am entitled to redress.
In further support of this application, I answer the fo	ollowing question under penalty of perjury:
	If "No" go to question 2)
If "Yes," state the place of your incarceration	
Are you employed at the institution?	☐ Yes ☐ No
Do you receive any payment from the institution?	☐ Yes ☐ No
[Have the institution fill out the Certificate portion of	f this affidavit and attach a certified copy of the trust
account statement from the institution of your incarce	eration showing at least the last six months transactions.]

CIV-67 (Rev. 4/06)

H:\CIV-67.wpd

ł	and address of your employer.				•		_
	· · · · · · · · · · · · · · · · · · ·						
					·····		
	TO I					_	
	o. If the answer is "No" state the date of your last er				•		•
	and pay period and the name and address of your la	st employ	er. <u>Hut</u>	<u>omatio</u>	N GEN	eral =	AN Diego C
	9-12-04		,				~~
							<i>c</i> -
,				•			
	In the past twelve months have you received any mo	•		the foll	owing so	urces?:	
	a. Business, profession or other self-employment	☐ Yes	_			2	
		☐ Yes					
	c. Pensions, annuities or life insurance	☐ Yes					
	d. Disability or workers compensation	□Yes					
	e. Social Security, disability or other welfare e. Gifts or inheritances	□Yes	_	•			
		☐ Yes					
	f. Spousal or child support g. Any other sources	☐ Yes ☐ Yes					
Į	g. Any other sources	□ 1 CS	□ N0				
]	If the answer to any of the above is "Yes" describe	each sour	ce and s	state the	amount r	eceived	and what you
	expect you will continue to receive each month.						
	expect you will continue to receive each month.	YMG U	VINE	<u> </u>	4 01	0014	111/01, 2001
				1			
							4
	Do you have any checking account(s)? Yes	⊒•No					
	a. Name(s) and address(es) of bank(s):						
	b. Present balance in account(s):						
	7. Tresent balance in account(s).						· - · · · · · · · · · · · · · · · · · ·
	Do you have any savings/IRA/money market/CDS'	canarata f	rom ch	ackina (accounte?	ΠVa	e PNo
	· · · · · · · · · · · · · · · · · · ·	•					
	a. Name(s) and address(es) of bank(s):						
	b. Present balance in account(s):		4		·		
			<u>/</u> .				
l		⊔ Yes	Ľ N()			
]	Do you own an automobile or other motor vehicle?						
	a. Make: Year:	Model:_					
	Do you own an automobile or other motor vehicle? a. Make: Year: Year: No	Model:_	· · · · · · · · · · · · · · · · · · ·	 			

-2-

7.	Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property? Yes No If "Yes" describe the property and state its value.
8.	List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.
9.	List any other debts (current obligations, indicating amounts owed and to whom they are payable):
10	List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):
12	If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. I GM INCORCETATED IN COLOR MENS COLOR STATE FISON PO. Box 8101 SAN LUIS OBISPO, CA 9349-8101
	leclare under penalty of perjury that the above information is true and correct and understand that a see statement herein may result in the dismissal of my claims.
	DATE SIGNATURE OF ARPLICANT

REPORT ID: 183030 .701

REPORT BATE: 11/07/07

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Case 3:07-cv-02183-DMS-BLM Document 20: Filed: 11/13/2007

CALIFORNIA DEPARTMENT OF CORRECTIONS

CALIFORNIA MENS COLOMY

INNATE TRUST ACCOUNTING SYSTEM INNATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUH. 01, 2007 THRU NOV. 07, 2007

ACCOUNT NUMBER: V72323

: 0/2323

BED/CELL NUMBER: EFCQB6F200006267X

ACCOUNT NAME : CUNNINGHAM, JAMES HENRY

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE Placed	CODE	DESCRIPTION	COMMENT	HOLD ANOUNT	
04/25/2007	H106	UNITED PARCEL SERVICE HOLD	4635/9501	3.78	
06/04/2007	H106	UNITED PARCEL SERVICE HOLD	5254/11517	1.00	
06/08/2007	H106	UNITED PARCEL SERVICE HOLD	5339-501	3.07	
10/23/2007	H118	LEGAL COPIES HOLD	1857/N516	4.80	
11/06/2007	H118	LEGAL COPIES HOLD	2072/9516	51.00	

TRUST ACCOUNT SUMMARY

Beginning	TOTAL	TOTAL	CURRENT	HOLDS	TRANSACTIONS	
Balance	DEPOSITS	NITHDRANALS	BALANCE	BALANCE	TO BE POSTED	
0.00	0.00	0.00	0.00	63.65	0.00	

CURRENT AVAILABLE BALANCE 63.65-

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY WALE CALIF

TRUST OFFICE

11-7-0.

REPORT ID: 153030 .701 REPORT DATE: 11/07/07
Case 3:07cary: Oracle Department District Department 2 Filed 11/13/2007 Page 5 of 6

CALIFORNIA MENS COLONY
INNATE TRUST ACCOUNTING SYSTEM
INNATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 01, 2007 THRU NOV. 07, 2007

TOTAL NUMBER OF STATEMENTS PRINTED:

TOTAL CURRENT BALANCE FOR ALL THE STATEMENTS: 0.00

total council purance for the statements.

Verification of inmate's Finances

The California Department of Corrections Staff Member whose signature appears below herein verifies that inmate Sames Henry Cunning Ham , whose signature also appears below has a total of \$ _____ on deposit in his prison trust account and his average for the past 6 months has been \$ ______

	Member S	l che Living	Parm	4 d (New	R Da	ted_/	1-7-6	,7
laic latr	Member S Member P	osilion/	Pecou	nt C	Sech	tb	No_	001	<u>.</u>
							ig ∗Na.√	-72323	
inmat inmat	ela Signa		James H Manu						